Docket No.: AT000217

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

18586682986

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APARATUS FOR MANUFACTURING DENTAL ALIGNERS, the specification of which:

on op-willouditor, or	WIGGI.				
[X] is atta [] was f [] was d	iched hereto. iled on as Applicat cscribed and claimed in PCT and as amend	tion Serial No and was ame International Application No ed under PCT Article 19 on _	ended on	filed on	
I hereby sta including the claims	ite that I have reviewed and (, as amended by any amendn	understand the contents of the nent referred to above.	: above-identifi	ed specification,	
Lacknowled Title 37, Code of Fe	ige the duty to disclose all in deral Regulations, §1.56.	formation I know to be mater	rial to patentabi	ility in accordance with	
I hereby app business in the Paten	point the following attorneys a and Trademark Office cont	and/or agents to prosecute the	is application a	and to transact all	
Bao Q. Tran, Reg. No. 37,955		James Heslin, Reg	James Heslin, Reg. No. 29,541		
Address all	telephone calls to Bao Q. Tr	an at telephone number 408.4	70-1243.		
Address all	соггезролdence to: Custom	er No. 24710			
hat willful false state	eller are believed to be true; ements and the like so made ; le United States Code and the	herein of my own knowledge and further that these stateme are punishable by fine or imp at such willful false statement	ents were made	with the knowledge	
Tull Name of Invento nventor's Signature: Residence Address: Citizenship: Post Office Address:	· · · · · · · · · · · · · · · · · · ·	Ty rope	Date:	09/39/03	

ID: